

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
053006

FILING DATE
3/3/98

CLAIMS

	AS FILED		AFTER EXAMINEMENT		AFTER REEXAMINEMENT	
	IHO.	OEP.	IHO.	OEP.	IHO.	OEP.
1	/					
2	/					
3	/					
4	/					
5						
6						
7						
8						
9						
10						
11	/					
12	/					
13	/					
14	/					
15						
16						
17						
18						
19	/					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IHO.	19					
TOTAL OEP.	19					
TOTAL	19					

TOTAL IHO.	19			
TOTAL OEP.	19			
TOTAL	19			

23